

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.		FILIN
098026	21	0

G DATE

3-09.01

APPLICANT(S)

CLAIMS

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TOTAL CLAIMS	10	SHEETS.		4000		4000		TOTAL CLAIMS		3000				

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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FORM PTO-1360 (REV. 3-78)